



PATIENT RIGHTS AND RESPONSIBILITIES

5075 Lincoln St., Denver, CO 80216
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ACCESS

The patient has the right to:

- Receive care without regard to nationality, disability, sex, age, cultural, economic, marital status, type of contraceptive, political affiliation educational or religious background
- Effective communication and interpretation, including access to translation services and services to address vision, speech, hearing, language and cognitive impairment.
- Access information contained in his/her medical record within a reasonable time frame (**Does not** include records not ordered by your practitioner).
- Know how to obtain after-hours, weekend, and emergency care
- Arrange to consult with another provider for a second opinion.
- Arrange to change providers, clinics, or hospitals
- Information regarding advanced directives

RESPECT AND DIGNITY

The patient has the right to:

- Considerate and respectful care always with recognition of his/her personal dignity.
- Reasonable responses to any reasonable requests made for service.
- Have his/her cultural, psychosocial, spiritual and personal values, beliefs, and preferences respected (if they don't interfere with their care or harm others).
- Voice complaints freely and recommend changes regarding the quality of services throughout the established process, and without being subject to coercion, discrimination, reprisal or unreasonable interruption of care, treatment and services.
- Be informed of the clinic's complaint and formal grievance procedure.
- File a complaint or formal grievance and have it acknowledged and resolved in a timely and orderly fashion at <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>

PRIVACY AND CONFIDENTIALITY

The patient has the right to:

- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely.
- Expect that staff will respect your personal privacy to the fullest extent allowed by the care you need. A chaperone may be requested for any exam.
- Request access, amend and receive accounting of disclosures regarding his/her medical record/health information, as permitted under applicable law (i.e. there is immediate danger, a duly authorized court order, you authorize the release of information).

MEDICAL INFORMATION AND CONSENT

The patient has the right to:

- Know the names and functions of the providers and staff who were involved in your care at the time care is rendered.
- Information about the illness, course of treatment, outcomes of care (including unanticipated outcomes), and prospects for recovery in terms that you can understand.
- Receive information and reasoning about treatments or procedures as needed in order to give informed consent or refusal. Except in emergencies, this information shall include a description of the procedures or treatments, the medically significant risks, alternate courses of treatment or non-treatment and the risks involved in each. You shall know the name and professional status of the person who will perform the treatments or procedures.
- Receive a full explanation of all forms Clinica Tepeyac requires you to sign.



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- The ability to participate in making decisions in your health care.
- Have the choice to participate in medical home.
- A surrogate decision maker, as allowed by law, when a patient cannot make decisions about his/her care.

PROVISIONS OF INFORMATION

The patient has the right to:

- Knowledge of the facility's rules and regulations which apply to patient conduct.

REFUSAL OF TREATMENT OR CONSENT

The patient has the right to:

- Leave the facility, even against the advice of physician(s) as permitted under applicable law.
- Refuse treatment and to be informed of the medical or other possible outcomes of your refusal.
- Cross out any part of the consent form that you do not want applied to your care.
- Refuse to sign a consent form until you understand it.
- Change your mind before undergoing a procedure for which you have given your consent.

The patient has the responsibility:

- For his/her actions if he/she refuses treatment or does not follow the instructions for his/her care.

FINANCIAL INFORMATION

The patient has the right to:

- Be informed of services available in or through the facility and of related charges.
- Upon request examine and receive an explanation of the bill regardless of the source of payment.
- Be given an estimate of the charges for any medical procedures that you might undergo during your treatment. Patients are cautioned that actual charges might differ from those estimated due to any changes in diagnosis, unanticipated complications, changes in insurance information, etc.

PATIENT RESPONSIBILITIES

- Assure that the financial obligations of his/her health care are fulfilled as promptly as possible.
- Provide, to the best of his/her knowledge, accurate and complete information about the present complaint, past illnesses, hospitalizations, medications and other health matters when asked.
- Report perceived risks in care and unexpected changes in his/her condition to the responsible caregiver.
- Make it known whether he/she clearly understands a course of action regarding medical care, and in what he/she is expected to cooperate.
- Know and follow the facility's rules and regulations.
- Identify Clinica Tepeyac as your primary medical home.
- To be considerate of the rights of other patients and staff to help control noise.
- Keep your appointments and be on time (note: if you cancel or change your appointment, we request 24-hour notice).
- Give truthful and complete information about your present symptoms, past illnesses, other times you have sought medical care or been hospitalized, medicine you are taking, and other questions about your health.
- Take part and participate in all goal setting for your healthcare and follow through with treatment/ care plans and referral processes.
- Accept the results if you refuse treatment or do not follow the caregiver's instructions.
- Ask questions if you do not understand papers you are asked to sign, or information given to you.
- Tell your caregiver when you are not pleased with your care.



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- Inform Medical care team of any and all decisions regarding end of life care.

YOUR CHOICES

Clínica Tepeyac endorses, supports, and participates in CORHIO, an electronic Health Information Exchange (HIE), to improve the quality of your health and healthcare experience. The HIE provides us with a way to securely and efficiently share patients' clinical information electronically with other physicians and healthcare providers that participate in the HIE network. Using HIE helps your health care providers to more effectively share information and provide you with better care. The HIE also enables emergency medical personnel and other providers who are treating you to have immediate access to your medical data that may be critical for your care. Making your health information available to your health care providers through the HIE can also help reduce your costs by eliminating unnecessary duplication of tests and procedures. **However, you may choose to opt-out of participation in the CORHIO HIE, or opt back in, at any time.** If you choose to opt-out, ask a staff member for a CORHIO Opt-Out Form.

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Inform us of your preferences, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services



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We can use and share your health information to bill and get payment from health plans or other entities.
Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We must meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

OUR RESPONSIBILITIES

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. We will never share any substance abuse treatment records without your written permission. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.



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ACKNOWLEDGEMENT OF RECEIPT OF THE PATIENT BILLS OF RIGHTS AND RESPONSIBILITIES:

Initials: _____ I have received a copy of the Patient Bill of Rights and Responsibilities and have had a chance to read it and ask questions.

HIE ACKNOWLEDGEMENT

Initials: _____ I understand that Clínica Tepeyac participates in the CORHIO HIE, and I understand I can request an Opt-Out form today.

MINOR ACKNOWLEDGEMENT

Initials: _____ I am 15 years old or older, living apart from my parents(s) and manage my own money (pay my own rent and food bills) OR I am legally married.

Signature of Patient/Guardian

Signature of Staff

Printed Name of Patient/Guardian

Printed Name of Staff

Date

- Valid ID of Patient/Guardian verified
- Patient/Guardian requested HIE Opt-Out